

MDR Tracking Number: M5-05-0947-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The disputed dates of service 10-22-03 through 11-14-03 are untimely and ineligible for review per TWCC Rule 133.308 (e)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The dispute was received on 11-22-04.

Code 97140 was listed on the table of disputed services for dates of service 7-19-04, 7-24-04 and 7-27-04 and code 99212 was listed on the table for date of service 7-27-04; however, there was no bill for these codes on these dates. Therefore, a review was not conducted for these services for these dates of service.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous adverse determination that the office visits, therapeutic exercises, manual therapy technique, and neuromuscular re-education were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity was the only issue involved in this medical dispute. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 12-1-03 to 7-27-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 26th day of January 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

Enclosure: IRO Decision

January 21, 2005

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-05-0947-01
TWCC#:

Injured Employee:
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear Ms. ____:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractic and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh

REVIEWER'S REPORT
M5-05-0947-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Letter of medical necessity
- Office notes 01/13/03 – 08/19/04
- Daily progress notes 11/04/03 – 07/27/04
- Physical therapy notes 03/13/03 – 09/10/04
- FCE 10/10/03 – 09/29/04
- Radiology reports 12/18/02 – 01/30/04

Information provided by Respondent:

- Correspondence
- Designated doctor reviews

Information provided by Podiatry:

- Office notes 03/11/03 – 07/27/04

- Operative reports 05/09/03 – 04/07/04
- Information provided by Psychologist:
- Mental health evaluation 02/10/04
 - Psychophysiological evaluation 03/26/04

Clinical History:

This patient underwent surgery and extensive physical medicine treatments after a work-related accident on ____ that injured his right great toe.

Disputed Services:

Therapeutic exercises, manual therapy technique, neuromuscular re-education and office visits during the period of 12/01/03 thru 07/27/04.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

Rationale:

Based on CPT ¹, there is no support for the medical necessity for the office visits (99212 level of E/M service) on each and every visit during an established treatment plan.

In regard to the neuromuscular re-education services (97112), there was nothing in the medical records that demonstrated the type of neuropathology that would necessitate the application of this service. According to a Medicare Medical Policy Bulletin ², "This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, motor skill, and proprioception. Neuromuscular reeducation may be reasonable and necessary for impairments that affect the body's neuromuscular system (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination, hypo/hypertonicity). The documentation in the medical records must clearly identify the need for these treatments." In this case, the documentation failed to fulfill these requirements, rendering the performance of this service medically unnecessary.

Therapeutic exercises may be performed in a clinic one-on-one, in a clinic in a group, at a gym or at home with the least costly of these options being a home program. A home exercise program is also preferable because the patient can perform them on a daily basis. On the most basic level, the provider has failed to establish why the services were required to be performed one-on-one when current medical literature states, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises."³ Furthermore, the claimant had previously undergone extensive one-on-one therapy and thus should have been able to perform the exercises at home. There was also no documentation supplied to support the medical necessity for the (myofascial release – 97140) manual therapy techniques.

¹ CPT 2004: *Physician's Current Procedural Terminology, Fourth Edition, Revised*. (American Medical Association, Chicago, IL 1999),

² HGSA Medicare Medical Policy Bulletin, Physical Therapy Rehabilitation Services, original policy effective date 04/01/1993 (Y-1B)

³ Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. *Spine*. 2003 Feb 1;28(3):209-18.